



## VOLUNTARY AFFIRMATIVE ACTION INFORMATION

Completion of this form is **voluntary**. You may skip this page to begin application process on the next page.

Qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital status, veteran status, medical condition, disability or any other protected class.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is **NOT** a part of your official application for employment.  
It is considered confidential information that will not be used in any hiring decision.  
Upon receipt it is filed separately from the employment application.

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

**Referral Source**    "aa Newspaper Advertisement    "aa Magazine Advertisement"\*\*\*\*\*aa Government Employment Agency  
    \_\_\_ Walk-in    \_\_\_ Web Site    \_\_\_ Job Fair    \_\_\_ Employee    \_\_\_ Relative    \_\_\_ Private Employment Agency  
    \_\_\_ Other    \_\_\_ Name of Source: \_\_\_\_\_

**Sex:**    \_\_\_ Male    \_\_\_ Female

**Age:** (check only if) \_\_\_ Under 18    \_\_\_ or Over 40

**Race/Ethnic Group:** (check only one)

\_\_\_ **Black:** All persons having origins in any of the Black racial groups of Africa.

\_\_\_ **Hispanic/Latino:** All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture regardless of race.

\_\_\_ **Asian:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, The Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, The Philippine Islands, and Samoa.

\_\_\_ **Native American:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through ) tribal affiliation or community recognition. (Meets Bureau of Indian Affairs definition standards

\_\_\_ **Two or more races:** Not Hispanic or Latino

\_\_\_ **White:** (or not covered above)

**Check One, if Applicable:**

\_\_\_ **Veteran**

\_\_\_ **Vietnam Era Veteran**

\_\_\_ **Disabled Veteran**

\_\_\_ **Individual with a disability**

Please continue to the next page to begin application.

<b>Position Applied For:</b> <input type="checkbox"/> Police Officer <input type="checkbox"/> Reserve Police Officer <input type="checkbox"/> Dispatcher <input type="checkbox"/> Other	<b>City of Show Low Police Department Application For Employment</b>	<b>For Office Use Only</b>    		
<b>Application Instructions</b>				
<b>Print or type ALL answers. Read every question carefully and answer every question. DO NOT LEAVE BLANK SPACES. If the question does not apply to you, print or type "DNA" in that answer block. Incomplete or unsigned statements can not be processed. If additional space is required, attach additional sheets. Use the "Remarks" section to amplify, clarify or explain your answers. All information provided is subject to verification. Use BLACK INK ONLY.</b>				
<b>1. Personal Information</b>				
NAME (Last, First, Middle)		Today's Date		
Mailing Address		Date of Birth You <b>MUST</b> attach a copy of your Birth Certificate		
City, State, Zip		Social Security Number US Citizen Yes      No		
Marital Status	Spouse's/Your Maiden Name			
		Home Telephone Number		
Are You An Arizona Certified Peace Officer? Yes      No	Cell Phone No.	Work Telephone Number		
Prior Police/Dispatch Experience (Dates, Agency)		Message Telephone Number		
What other Police Agencies have you applied at in the last 3 years?		E-mail Address		
<b>2. Education</b>				
Dates	Name of School/Institution, City and State	Graduation Date	Degree/Diploma	
<b>IMPORTANT: You MUST attach a copy of your High School Diploma or General Education Certificate, (GED). Please attach copies of any other diplomas, degrees or certifications. If a Peace Officer, attach proof of state peace officer certification</b>				
<b>3. Employment</b>				
Dates	Employer Name , City, State & Phone Number	Supervisor	Position	Why You Left
If more space is needed, use the "Remarks" section or attach a Resumé or additional pages if necessary.				

#### 4. Military Involvement

Branch of Service

**You MUST attach a copy of your  
Form DD-214**

Date Entered

Date Separated

Rank/Class at separation

Did you receive an Honorable Discharge?

If not an Honorable Discharge, what type?

If NOT Honorably Discharged, why?

Are you now a member of the Reserve or Guard?

What unit/location

## 5. Residences

**List ALL places of residence for the past FIVE (5) years**

**Dates To/From****Street/Mailing Address**

City

State, Zip

## 6. References

List at least THREE (3) people who have known you for more than one (1) year. Do not list relatives or former employers.

Name

### Address

City, State, Zip

**Telephone**

Years Known

## 7. Persons Lived With

List ALL persons with whom you have lived during the past five (5) years. Include family members.

Name \_\_\_\_\_

Relationship

Age

**Address**

City, State, Zip

**Telephone**

**7A**

**IMMEDIATE FAMILY MEMBERS**

[illegible]

## 8. Drivers License/Driving History

**List your current Drivers License as well as any Drivers License that was issued in any other state or country.**

License Number	State	Date Expired	License Number	State	Date Expired

## 9. Traffic Citations/Violations

**Traffic Citations/Violations** (List ALL Citations you have received involving a motor vehicle.)

Date	Police Agency and State	Violation	Disposition	Accident?

Has your Drivers License or driving privilege ever been suspended, cancelled, revoked or refused?  
(If Yes, explain in "Remarks" section.

Yes	No
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## 10. Arrest Record

List ALL incidents in which you were arrested, accused or charged with a crime. Include any DUI's here.

Date	Incident Location	Arresting Agency	Original Charge	Disposition

## 11. Civil Actions

**List ALL Civil Actions in which you were a party, including Divorce Actions.**

Date	Location	Action or Proceeding	Disposition/Court/Action

## 12. Financial Status

**List ALL current creditors, debts and all other information requested.**

[illegible]

<b>13. DRUG USE:</b> Have you ever used any form of a prescription only drug, I.E. (tranquilizer, barbiturate, amphetamine, steroids, antihistamine, antibiotic), NOT prescribed for you by a physician. Include drug type _____ How many times used _____	If Yes, describe in "Remarks" section <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>14. Illegal Substances:</b> Have you ever used or experimented with ANY illegal drug or controlled substance or any derivative thereof, (I.E. marijuana, hashish, cocaine, LSD)? Include drug type _____ How many times used _____	If Yes, describe in Remarks" section <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>15. ORGANIZATIONS:</b> Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted or shows a policy of advocating the use of force or violence to deny other persons their Rights under the Constitution of the United States of America or State of Arizona, or which seeks to alter or overthrow the form of government of the United States of America by unconstitutional or illegal means? <div style="text-align: right;">           If Yes, describe in "Remarks" section. <input type="checkbox"/> Yes  <input type="checkbox"/> No         </div>	
<b>16. HISTORY:</b> Do you have any knowledge or information, in addition to that specifically required in this application, which is or may be relevant, directly or indirectly, to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, physical or mental condition, temperance, habits, employment, education, subversive activities, family, associations, undetected criminal offense, traffic violations or places of residences. <div style="text-align: right;">           If Yes, describe in "Remarks" section. <input type="checkbox"/> Yes  <input type="checkbox"/> No         </div>	
<b>17. DISABILITY:</b> Do you have a disability, under the Americans With Disabilities Act, which will need a reasonable accommodation that you wish to disclose now? <div style="text-align: right;">           If Yes, describe in "Remarks" section. <input type="checkbox"/> Yes  <input type="checkbox"/> No         </div>	
<b>18. SMOKING:</b> Do you smoke?	If Yes, describe how much/many packs in "Remarks" section. <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>19. LIQUOR:</b> Do you drink?	If Yes, describe how much in "Remarks" section. <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>20. POLYGRAPH:</b> If given a conditional offer of employment and at any time after being employed, do you understand and agree that a polygraph, (lie detector), examination may be required of you and do you agree to submit to such polygraph examination? <div style="text-align: right;">           If No, describe why in "Remarks" section. <input type="checkbox"/> Yes  <input type="checkbox"/> No         </div>	
<b>21. EMPLOYMENT TERMINATIONS:</b> Have you ever been asked to resign or been terminated from employment for any reason? <div style="text-align: right;">           If Yes, describe why in detail in "Remarks" section. <input type="checkbox"/> Yes  <input type="checkbox"/> No         </div>	
<b>22. BANKRUPTCY:</b> Have you ever filed for bankruptcy or been granted bankruptcy? <div style="text-align: right;">           If Yes, describe in "Remarks" section. <input type="checkbox"/> Yes  <input type="checkbox"/> No         </div>	
<b>23. LAW ENFORCEMENT CONTACTS:</b> Have the police ever contacted you for ANY reason or have you ever been a suspect or questioned in any criminal case that was not prosecuted? <div style="text-align: right;">           If Yes, describe when and where in detail in the "Remarks" section <input type="checkbox"/> Yes  <input type="checkbox"/> No         </div>	

24. I understand that Show Low Police Department is a Drug Free Workplace and an Equal Opportunity Employer. \_\_\_\_\_  
Initial

Initial

## 25. Remarks Section

[illegible]

**NOTICE: ANY FALSIFICATION, WITHHOLDING OR FAILURE TO ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY MAY CAUSE FORFEITURE OF ELIGIBILITY AND OTHER PENALTIES OR CAUSES OF ACTION**

In consideration of the Show Low Police Department's processing of my application, I do hereby irrevocably agree to the following terms and conditions:

- ☐ The term "Background Investigation", as used in this document, refers to any and all information and sources of information that the police department, in its sole discretion, may deem necessary to obtain or contract to determine my fitness as a candidate for employment with the City of Show Low Police Department.
- ☐ I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent or employee of the City of Show Low and the Show Low Police Department who may conduct my background information.
- ☐ I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all persons or entities who shall furnish any information or opinions to the officers, agents or employees of the City of Show Low or the Show Low Police Department who conducts my background investigation.
- ☐ I authorize any person or entity contacted by the City of Show Low or the Show Low Police Department's officers, agents or employees during the course of my background investigations, to furnish to such officers, agent or employees any information or opinions they may have and hereby expressly waive any and all legal privileges I may have, including, but not limited to, the attorney - client privilege, the physician - patient privilege, the psycho therapist - patient privilege, the clergyman - parishioner privilege, the husband - wife privilege and the accountant - client privilege.
- ☐ I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, the political subdivision of the City of Show Low, the Show Low Police Department or any of its' officers, agents or employees for any statements, acts or omissions made in the course of my background investigation.
- ☐ I expressly waive all of my legal rights and causes of action to the extent that the City of Show Low, Show Low Police Department background investigation may violate or infringe upon these legal rights and causes.
- ☐ I understand that any non-volunteer employment is contingent upon a Conditional Offer Of Employment form being executed, as provided for under the Americans With Disabilities Act, which may entail the satisfactory completion of a: medical examination, polygraph examination, psychological examination and/or any other test or tests deemed necessary by the City of Show Low, the Show Low Police Department or the Arizona Peace Officer Standards and Training Board to determine the applicants ability to perform the essential aspects of the job being applied for.

**I hereby certify under penalty of Arizona Revised Statutes §13-2704 and/or §39-161, that the entries made herein are true, complete and correct to the best of my knowledge and belief. These entries are made in good faith. I understand a knowing or willful false statement on this application may constitute a violation of law and may be cause to initiate action to suspend or revoke certified peace officer status or may cause forfeiture of eligibility.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date